FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPI	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	age burden
hours per respon	

SEC US	E ONLY _
Prefix	Serial
DATE RE	CEIVED
1	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.) BlackRöck Kelso Capital Holding LLC	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE SECULVED
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	700°
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	in like
BlackRock Kelso Capital Holding LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code) 40 East 52nd Street, New York, NY 10022	Telephone Number (including Area Code)
Address of Principal Business Operations (Number and Street, City. State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PROCESSED -
Investment vehicle organized as a Delaware limited liability company.	JUL 1 1 2003 E
	olease specify): THOUSON d liability company (Delaware)
Actual or Estimated Date of Incorporation or Organization: Month Year	mated DE
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission. 450 Fifth Street. N.W. Washington, D.C 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only reported thereto, the information requested in Part C, and any material changes from the information previously supplied with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	

L			BASIC ID	ENTI	FICATION DATA				
2. Enter the information r	equested for the fo	llowin	g:						
• Each promoter of the	e issuer, if the issu	ier has	s been organized wi	thin tl	ne past five years,				
• Each beneficial owne	r having the power	to vot	e or dispose, or direc	ct the v	ote or disposition of	f, 10%	or more of	a class	of equity securities of the issuer.
• Each executive office	er and director of o	corpor	ate issuers and of co	orpora	te general and man	aging _l	partners of	partner	ship issuers; and
• Each general and ma	anaging partner of	partn	ership issuers.						
		<u> </u>							
Check Box(es) that Apply:	Promoter	اننا	Beneficial Owner		Executive Officer	٠ ا	Director	×	General and/or Managing Partner
Full Name (Last name first, i	f individual)								
BlackRock Kelso Capit	al Advisors LL(C							
Business or Residence Addr	ess (Number and S	Street,	City, State, Zip Cod	le)	e endamente ette statut verte.				ir i
40 East 52nd Street, Ne	w York, NY 10	022							
Check Box(es) that Apply:	Promoter		Beneficial Owner	X	Executive Officer	* 📋	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
James R. Maher, Manag	ger of BlackRoc	k Ke	lso Capital Advis	ors I	LC		eng 1	Marie Marie	
Business or Residence Addr									
40 East 52nd Street, 1	New York, NY	100	22						
Check Box(es) that Apply:	Promoter		Beneficial Owner	X	Executive Officer	• 🗆	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								<u> </u>
Michael B. Lazar, Mana		ck K	elso Canital Adv	isors	TIC .				
Business or Residence Addr					DDC:			1,11,11,1	
40 East 52nd Street, New Y						- - -			
Check Box(es) that Apply:	Promoter	X	Beneficial Owner		Executive Officer	• 🗇	Director		General and/or
				-					Managing Partner
Full Name (Last name first, in	f individual)								Managing Partner
Full Name (Last name first, it	f individual)								Managing Partner
Full Name (Last name first, in Virginia Retirement System Business or Residence Addr		treet,	City, State, Zip Cod	le)					Managing Partner
Virginia Retirement System Business or Residence Addr	ess (Number and S	treet,	City, State, Zip Cod	le)					Managing Partner
Virginia Retirement System	ess (Number and S	street,	City, State, Zip Cod Beneficial Owner	(e)	Executive Officer	* 1	Director		Managing Partner General and/or Managing Partner
Virginia Retirement System Business or Residence Addr 1200 East Main St., Richmor	ess (Number and S nd, VA 23219 Promoter			e)	Executive Officer	* 🖸	Director		General and/or
Virginia Retirement System Business or Residence Addr 1200 East Main St., Richmor Check Box(es) that Apply: Full Name (Last name first, it	ess (Number and S id, VA 23219 Promoter findividual)			le)	Executive Officer	*	Director		General and/or
Virginia Retirement System Business or Residence Addr 1200 East Main St., Richmor Check Box(es) that Apply:	ess (Number and S id, VA 23219 Promoter findividual) rs, L.L.C.	X	Beneficial Owner		Executive Officer	* 🖫	Director		General and/or
Virginia Retirement System Business or Residence Addr 1200 East Main St., Richmor Check Box(es) that Apply: Full Name (Last name first, it Summer Street BRK Investor	ess (Number and S id, VA 23219 Promoter f individual) is, L.L.C. ess (Number and S	X treet,	Beneficial Owner City, State, Zip Cod	le)	Executive Officer	* 🖸	Director		General and/or
Virginia Retirement System Business or Residence Addr 1200 East Main St., Richmor Check Box(es) that Apply: Full Name (Last name first, in Summer Street BRK Investor Business or Residence Addr	ess (Number and S id, VA 23219 Promoter f individual) is, L.L.C. ess (Number and S	X treet,	Beneficial Owner City, State, Zip Cod	le)	Executive Officer Executive Officer	• •	Director		General and/or
Virginia Retirement System Business or Residence Addr 1200 East Main St., Richmor Check Box(es) that Apply: Full Name (Last name first, it Summer Street BRK Investor Business or Residence Addr c/o GE Asset Management Ir	ess (Number and S ad, VA 23219 Promoter f individual) rs, L.L.C. ess (Number and S accorporated, 3001 S Promoter	treet,	Beneficial Owner City, State, Zip Cod	le)		• •			General and/or Managing Partner
Virginia Retirement System Business or Residence Addr 1200 East Main St., Richmor Check Box(es) that Apply: Full Name (Last name first, it Summer Street BRK Investor Business or Residence Addr c/o GE Asset Management Ir Check Box(es) that Apply: Full Name (Last name first, it	ess (Number and S id, VA 23219 Promoter findividual) rs, L.L.C. ess (Number and S incorporated, 3001 S Promoter findividual)	treet,	Beneficial Owner City, State, Zip Cod	le)		• 0			General and/or Managing Partner
Virginia Retirement System Business or Residence Addr 1200 East Main St., Richmor Check Box(es) that Apply: Full Name (Last name first, it Summer Street BRK Investo Business or Residence Addr c/o GE Asset Management Ir Check Box(es) that Apply: Full Name (Last name first, it CitiGroup North America, In	ess (Number and S id, VA 23219 Promoter findividual) rs, L.L.C. ess (Number and S incorporated, 3001 S Promoter findividual) c.	treet,	Beneficial Owner City, State, Zip Cod r St., Stamford, CT (Beneficial Owner	le) 06905		• 0			General and/or Managing Partner
Virginia Retirement System Business or Residence Addr 1200 East Main St., Richmor Check Box(es) that Apply: Full Name (Last name first, in Summer Street BRK Investor Business or Residence Addr c/o GE Asset Management In Check Box(es) that Apply: Full Name (Last name first, in CitiGroup North America, In Business or Residence Addr	ess (Number and S ad, VA 23219 Promoter f individual) rs, L.L.C. ess (Number and S accorporated, 3001 S Promoter f individual) ic. ess (Number and S	treet,	Beneficial Owner City, State, Zip Cod r St., Stamford, CT (Beneficial Owner	le) 06905		• •			General and/or Managing Partner
Virginia Retirement System Business or Residence Addr 1200 East Main St., Richmor Check Box(es) that Apply: Full Name (Last name first, it Summer Street BRK Investo Business or Residence Addr c/o GE Asset Management Ir Check Box(es) that Apply: Full Name (Last name first, it CitiGroup North America, In	ess (Number and S ad, VA 23219 Promoter f individual) rs, L.L.C. ess (Number and S accorporated, 3001 S Promoter f individual) ic. ess (Number and S	treet,	Beneficial Owner City, State, Zip Cod r St., Stamford, CT (Beneficial Owner	le) 06905		• •			General and/or Managing Partner
Virginia Retirement System Business or Residence Addr 1200 East Main St., Richmor Check Box(es) that Apply: Full Name (Last name first, it Summer Street BRK Investor Business or Residence Addr c/o GE Asset Management Ir Check Box(es) that Apply: Full Name (Last name first, it CitiGroup North America, In Business or Residence Addr 388 Greenwich St., New Yor	ess (Number and S ad, VA 23219 Promoter f individual) rs, L.L.C. ess (Number and S accorporated, 3001 S Promoter f individual) ic. ess (Number and S ack, NY 10013 Promoter	treet,	Beneficial Owner City, State, Zip Cod r St., Stamford, CT C Beneficial Owner City, State, Zip Cod		Executive Officer	• •	Director		General and/or Managing Partner General and/or Managing Partner General and/or Managing Partner
Virginia Retirement System Business or Residence Addr 1200 East Main St., Richmor Check Box(es) that Apply: Full Name (Last name first, in Summer Street BRK Investor Business or Residence Addr c/o GE Asset Management In Check Box(es) that Apply: Full Name (Last name first, in CitiGroup North America, In Business or Residence Addr 388 Greenwich St., New Yor Check Box(es) that Apply:	ess (Number and S ad, VA 23219 Promoter f individual) rs, L.L.C. ess (Number and S accorporated, 3001 S Promoter f individual) ic. ess (Number and S ack, NY 10013 Promoter	treet,	Beneficial Owner City, State, Zip Cod r St., Stamford, CT C Beneficial Owner City, State, Zip Cod		Executive Officer	* D	Director		General and/or Managing Partner General and/or Managing Partner General and/or Managing Partner
Virginia Retirement System Business or Residence Addr 1200 East Main St., Richmor Check Box(es) that Apply: Full Name (Last name first, in Summer Street BRK Investor Business or Residence Addr c/o GE Asset Management In Check Box(es) that Apply: Full Name (Last name first, in CitiGroup North America, In Business or Residence Addr 388 Greenwich St., New Yor Check Box(es) that Apply:	ess (Number and S ad, VA 23219 Promoter findividual) rs, L.L.C. ess (Number and S accorporated, 3001 S Promoter findividual) c. ess (Number and S rk, NY 10013 Promoter	ireet, uumme	Beneficial Owner City, State, Zip Cod r St., Stamford, CT C Beneficial Owner City, State, Zip Cod Beneficial Owner	e) 69905	Executive Officer	• •	Director		General and/or Managing Partner General and/or Managing Partner General and/or Managing Partner
Virginia Retirement System Business or Residence Addr 1200 East Main St., Richmor Check Box(es) that Apply: Full Name (Last name first, it Summer Street BRK Investo Business or Residence Addr c/o GE Asset Management Ir Check Box(es) that Apply: Full Name (Last name first, it Business or Residence Addr 388 Greenwich St., New Yor Check Box(es) that Apply: Full Name (Last name first, it	ess (Number and S ad, VA 23219 Promoter findividual) rs, L.L.C. ess (Number and S accorporated, 3001 S Promoter findividual) c. ess (Number and S rk, NY 10013 Promoter	ireet, uumme	Beneficial Owner City, State, Zip Cod r St., Stamford, CT C Beneficial Owner City, State, Zip Cod Beneficial Owner	e) 69905	Executive Officer	• •	Director		General and/or Managing Partner General and/or Managing Partner General and/or Managing Partner

BASIC IDENTIFICATION DATA Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years, • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner **Executive Officer** Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Beneficial Owner Check Box(es) that Apply: Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				В	. INFORM.	ATION AB	OUT OFFE	RING				
T 13 .1	•		., .								Yes	No
I. Has in	e issuer so	old, or doe					d investors		-		🖪	X
0.3571	- 41						on 2. if filir					
Z. What is	s the min	mum mve	siment mat	will be ac	cepted tro	m any mai	vidual?					
3. Does th	he offering	g permit jo	oint owners	ship of a si	ngle unit?	************					Yes	No
4. Enter t	he inform	ation requ	ested for ea	ach person	who has t	een or wil	ll be paid o	r given, di	rectly or i	ndirectly,	any	
If a per	ssion or sit	isted is an	neration for associated t	sonchano person or a	n of purena gent of a bi	isers in con oker or dea	mection wit	in sales of s	securities in SEC and/	or with a st	ng. tate	
or state	s, list the r	name of the	broker or o	dealer. It m	ore than fir	ve (5) perso	ons to be lis	ted are ass	ociated per	sons of suc	h	
				he informa	ation for th	at broker	or dealer or	nly.				
Full Name	e (Last nan	ne first, if i	naiviauai)									i. Samulahan
Business of	or Residen	ce Address	(Number a	ind Street.	City, State.	Zip Code)		<u></u>	<u></u>		<u> </u>	
<u> </u>												
Name of A	Associated	Broker or	Dealer							.,		
Cara- i - 1	370-1-1- D		II 0-11-1		3 4 6 1						<u> </u>	
			Has Solicit								—	11 04-4-
			ck individu								u	All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] . [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	ne first, if in	ndividual)									
Business of	or Residen	ce Address	(Number	and Street,	City, State	, Zip Code) Difference i en e		:- :::,#1+::: 1 ² .			
Name of A	Associated	Broker or	Dealer	<u> </u>		<u> </u>			1 1 4 4 4 1111	<u></u>		
<u> </u>												
States in V	Which Per	son Listed	Has Solicit	ted or Inter	ds to Solid	it Purchas	ers				•	-
(Chec	ck "All Sta	tes" or che	ck individu	al States)		•••••	•••••				🗖 🗸	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME]	[MD] [NC]		[MI] [OH]		[MS]	[MO]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[OR] [WY]	[PA] [PR]
()	[50]	(~-)	[1	()	[0-]	[]		[]	[]	1 *** * 1	[]	()
Full Name	(Last nam	ne first. if in	ndividual)									
											<u> </u>	
			(Number a									
			Dealer									
Name of A	Associated	Broker or	Dealer			n grow in the						
States in V	Which Per	son Listed	Has Solicit	ted or Inter	nds to Solid	it Purchas	ers		·			
(Chec	ck "All Sta	tes" or che	ck individu	al States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]		[DE]				[HI]	[ID]
[IL]	[IN]		[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]		[NH]				[NC]			[OK]		[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[11]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		s in the second of the
	Equity		\$ 0
	Common Preferred	3	3
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests.		4.44
	Other (Specify LLC Interests	S 460,000,000	\$ 460,000,000
	Total	\$ 460,000,000	\$ 460,000,000
	Answer also in Appendix, Column 3. if filing under ULOE.		
2. E	Inter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is *none" or "zero."	2	Aggregate
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	13	\$ 460,000,000
	Non-accredited Investors	0	s <u> </u>
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3. 11	f this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.	S	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	Control of the Contro	etarinalia ini
	Regulation A	1.17	<u> </u>
	Rule 504	and the second second	Sie die die
	Total	100000000000000000000000000000000000000	<u> </u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	• · · ·	
	Transfer Agent's Fees	X	s
	Printing and Engraving Costs	X	\$
	Legal Fees.	X	sc
	Accounting Fees	X	\$
	e e e e e e e e e e e e e e e e e e e		and the second of the second
	Engineering Fees	X	\$
	Engineering Fees	X	\$C
	Engineering Fees	X	

	OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE OF	F PROCEEDS	} 		
	b. Enter the difference between the aggregate offerand total expenses furnished in response to Part C-proceeds to the issuer."	-Question 4.a. This difference is the "adjusted gr	oss		<u>\$ 459,99</u>	9,000
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total proceeds to the issuer set forth in response to P	ny purpose is not known, furnish an estimate ar of the payments listed must equal the adjusted gro	nd			
			Payme: Offic Directo Affilia	ers. ors, &	Payme Othe	
	Salaries and fees		₹ \$	0	x \$	0
	Purchase of real estate		_		X \$	
	Purchase, rental or leasing and installation of ma	chinery	_			
	and equipment		🗷 \$	0	X \$	
	Construction or leasing of plant buildings and fa	cilities	🗷 \$	0	x \$	0
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass	sets or securities of another		0		0
	issuer pursuant to a merger)		_		_	
	Repayment of indebtedness					
	Working capital	41 CC	·· 🗶 🖫		X \$	
	Other (specify): Investment in accordance wi	th offering memorandum	_ 🗷 S		▼ \$460,0	700,000
			_ ▼ S	0	X \$	0
	Column Totals		🗷 \$	0	x \$ <u>460,</u>	000,000
	Total Payments Listed (column totals added)			x \$46	0,000,000	
		D. FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to full information furnished by the issuer to any non-acc	arnish to the U.S. Securities and Exchange Comi	mission, upon			
Issu	uer (Print or Type)	Signature	Date			
В	ackRock Kelso Capital Holding LLC	1 Manual Com	+	6/30/	05	
_	me of Signer (Print or Type)	Title of Signer (Print or Type)				
M	ichael B. Lazar	Chief Operating Officer of BlackRock Kelso	Capital Adv	isors LI	LC, its Man	ager

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)

		E. STATE SIGNATURE		
1.		presently subject to any of the disqualification	Yes	No X
	5	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to D (I 7 CFR 239.500) at such times as requi	o furnish to any state administrator of any state in which this notice is fired by state law.	iled a not	ice on Form
3.	The undersigned issuer hereby undertakes issuer to offerees.	s to furnish to the state administrators. upon written request, informat	ion furni	shed by the
4.	limited Offering Exemption (ULOE) of the	e issuer is familiar with the conditions that must be satisfied to be ent e state in which this notice is filed and understands that the issuer claim lishing that these conditions have been satisfied.		
	her has read this notification and knows the control thorized person.	ontents to be true and has duly caused this notice to be signed on its beha	lf by the	undersigned
ssuer (F	Print or Type)	Signature Date	1 .	
Blackl	Rock Kelso Capital Holding LLC	111. chul B< 6/20	109	
Vame (F	Print or Type)	Title (Print or Type)	-	

Chief Operating Officer of BlackRock Kelso Capital Advisors LLC, its Manager

Instruction:

Michael B. Lazar

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
1	Intend to non-a	to sell ccredited s in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
ΑZ									20 POT 110 POT
AR									
CA									
со									
СТ		X	LLC Interests Class A - \$90,000,000	2	\$90,000,000	0	\$0		X
DE		X	LLC Interests Class A - \$20,000,000	1	\$20,000,000	0	\$0	Jan Mala	X
DC									
FL									
GA		ig di							
HI									
ID									
IL									
IN		6 j. m 17 j. d. 1							
IA									
KS								# Alert	
KY	EPPE							4,4,447 E	
LA								* : -,	
ME									
MD		tj. i i Hali da i							
MA	. :: 1: 1:	X	LLC Interests Class A - \$25,000,000		\$25,000,000	0	\$0		X
MI									
MN									· · · · · · · · · · · · · · · · · · ·
MS									

-				APP	ENDIX			·			
	Intend to non-a	to sell ccredited s in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I)		
State	Yes	No		Number of Accredited Investors Amount		Number of Non-Accredited Investors	Amount	Yes	No		
МО								11 12 This			
MT								#10 x 11 	14 p		
NE											
NV					· · · · · · · · · · · · · · · · · · ·						
NH								i e			
NJ											
NM									Fire.		
NY		X	LLC Interests Class A - \$90,000,000 Class B - \$10,000,000	7	\$100,000,000	0	\$0		X		
NC		X	LLC Interests Class A - \$25,000,000	1	\$25,000,000	0	\$0_	in and	X		
ND											
ОН											
OK											
OR											
PA											
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				APPI	ENDIX					
1		2	3		4					
	to non-a	to sell ccredited s in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No	
WY	tar and ord									
PR								n alitalah		